

JUVENILE SERVICES TEAM MEETING PROGRESS NOTE

Name of Inpatient Facility

Service Recipient					SSN			Medical Record #		
Admission Date		Sex		Age		Date of Birth		Program & Unit		
Judge				Court				Court Order #		
Legal Status	§37-1-128	30 Days End			Hearing Date			Estimated Discharge Date		
Date RCS Form Sent To BHO/DCS				Outpatient Referral				Phone		
Current Axis I & Axis II Diagnoses										
Current Medications										
Status of Evaluation Process:		Yes		No		Undetermined		NA		
Evaluation/ Diagnosis										
Treatment Recommendations										
Service Recommendations										
Committable										
Competent to Stand Trial										
Support for Insanity Defense										
A&D Assessment										
Psychosexual										
MR Assessment										
Other (specify):										
Recommendations/Comments										
Discharge Plan										
Participants										
Physician			Psychologist			Social Worker				
Recorded by					Date					